

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1900

Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. A. Knell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 72 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Shoemaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, { Give Street and Number. } No 502 W. Biddle St

Cause of Death, { First (Primary), _____ Second (Immediate), _____ } Inflammation of the bowels

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, August 3rd

{ Undertaker, Andrew Knell } Louis W. Knapp M. D.

Medical Attendant.

{ Place of Business, 807 Columbia Ave Address, 414 W. Green St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1901 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 - 1888 A.M.

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Elizabeth Rosemer

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 32 Years, _____ Months, _____ Days

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, _____

Birth Place, (State or country, and how long in the United States, if of foreign birth.) Balto. city.

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give Street and Number.) 809 Greenmount Av.

Cause of Death, (First (Primary), Second (Immediate),) Phthisis Pulmonalis

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church Claude Van Bibber M.D.

Date of Burial, August 1 1888 for W.C. Van Bibber M.D.

Undertaker, Henry Koeltz Medical Attendant.

Place of Business, 602 1/2 Centre St. Address, 26 W. Frank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 1902

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Ward 8^C

CERTIFICATE OF DEATH.

B

Date of Death, July 31 1887.

Full Name of Deceased, Robert Lynch

Sex, Male or Female, not named, give names of parents.

Age, 21 Years, 21 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Lifeline

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1215 Holland Ave.

Cause of Death, Marasmus

Duration of Last Sickness, Exhaustion

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Aug 1st

Undertaker, H. C. Wiedefeld

Place of Business, 716 Gummert Ave

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

1903

Office of Registrar of Vital Statistics.

Ward

18⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Leary

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer in Chesapeake Gas House

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give Street and Number. }

Ramsey Street # 873

Cause of Death,

{ First (Primary),

Overcome by heat while

Second (Immediate),

engaged in work

Duration of Last Sickness,

12 hours

All the above information should be furnished by the Physician.

Place of Burial,

St Peters

Date of Burial,

Aug 1st 1887

{ Undertaker,

W. H. Madigan

{ Place of Business,

227 Mulberry St

L. G. Sparrow

M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

Health Department, City of Baltimore.

Permit No. 1904 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887

Full Name of Deceased, Jennie Murphy

Sex, Male or Female, {Cross out the word not required in this line. }

Age, 23 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line. }

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number. } 632 Saratoga St.

Cause of Death, {First (Primary), Gastro Enteritis
Second (Immediate), Peritonitis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 2nd 1887

{ Undertaker, M. Cadogan

{ Place of Business, 227 Mulberry St.

John N. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1905 Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, William Sheeler

Write legibly and spell correctly. If an Infant, not named, give names of parents.

Sex, Male or Female, Male

Cross out the word not required in this line.

Age, 24 Years, 1 Months, 13 Days

Color, White

Married, Single, Widow or Widower, Single

Cross out the words not required in this line.

Occupation, Seaman

Birth Place, Balto

(State or country, and how long in the United States, if foreign birth.)

Duration of Residence in the City of Baltimore, 20 years

Place of Death, 817 N. Ave St

Give Street and Number.

Cause of Death, Uremic heart disease

First (Primary),

Second (Immediate),

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 1st 1887

Undertaker, Geo B Coats

Place of Business, 1003 N. Baltimore

Address, 413 W. Thacker

W. T. Carr M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1906 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharina M. S. Vagedin

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 80 Years, 2 Months, 3 Days

Color, white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } widow ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany . 50 years in U. S.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } German home of the aged

Cause of Death, { First (Primary), Second (Immediate), } Apoplexie

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Gravenhill Baltimore County (with Dease)

Date of Burial, Aug 1st 1887

{ Undertaker, } Jos B Cook

{ Place of Business } 1003 W. Baltimore Address, 720210 V Howard St

S. J. Richardson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1907 Office of Registrar of Vital Statistics. Ward 12^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ambrose H. J. Barker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 11 Years, 3 Months, 3 Days,

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, { Give street and Number. } 2977 Grand Hill Ave

Cause of Death, { First, (Primary,) Second, (Immediate,) } Inflammation of bowels.
haustic.

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, August 2nd 87

Undertaker, Ph. Seewald Medical Attendant, William E. Wiegand M. D.,

Place of Business, 119 S Eutaw Address, 1503 Penna Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1908 Office of Registrar of Vital Statistics. Ward 13²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30 July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Ellen Beasley Haworth

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England - London

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give Street and Number. } 809 W. Fayette St.

Cause of Death, { First (Primary), Second (Immediate), } Bright's - Contracted Kidney
Uremia - coma

Duration of Last Sickness, About 15 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 1st 1887

Undertaker, Ding & Co B. F. Leonard M. D. Medical Attendant.

Place of Business, 550 W Fayette St Address, 313 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1909 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Godfrey

Sex, Male ~~Female~~ { Cross out the word not required in this line. } male

Age, 35 Years, 7 Months, 28 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ ~~or~~ ~~Widower~~ { Cross out the words not required in this line. } married

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give Street and Number. } 237 President st

Cause of Death, { First (Primary), Second (Immediate), } Pelvic Abscess complicated with malignant tumor of spleen

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 3rd 1887

{ Undertaker, Henry H. Mears } G. L. Dausch M. D. Medical Attendant.

{ Place of Business, # 413 E. Fayette St Address, 1727 E. Baltimore St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]